2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90125 044 ***150.00

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DOCUMENT # P93000033711

1. Entity Name
RICHARD G. HATHAWAY, P.A.

Principal Place of Business	Mailing Address
~~50 A1A NORTH~~	~~PO BOX 3177~~
~~SUITE 102~~	~~PONTE VEDRA BEACH FL 32004-3174~~
PONTE VEDRA BEACH FL 32082	US
US	

2. Principal Place of Business	3. Mailing Address
115 Professional Drive	115 Professional Drive
Suite, Apt. #, etc.: Suite #101	Suite, Apt. #, etc.: Suite #101
City & State: Ponte Vedra Bch, FL	City & State: Ponte Vedra Beach, FL
Zip: 32082 ~~[illegible]~~ / Country: US	Zip: 32082 / Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3180836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HATHAWAY, RICHARD G	Name: Richard G. Hathaway
~~50 A1A NORTH~~	Street Address (P.O. Box Number is Not Acceptable): 115 Professional Drive
~~SUITE 102~~	Suite #101
PONTE VEDRA BEACH FL 32082	City: Ponte Vedra Beach FL Zip Code: 32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 3/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	HATHAWAY, RICHARD G		NAME	
STREET ADDRESS	~~50 A1A NORTH, STE 102~~		STREET ADDRESS	115 Professional Drive - Suite 101
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/17/03 904-280-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #